



INVOICE FOR GRANT PAYMENTS

PART A - GRANT INFORMATION

DATE: _____

INVOICE NUMBER: _____

Provide your Grant Number above

GRANTEE'S NAME AND MAILING ADDRESS:

GRANT PERIOD: _____

Format: MM/DD/YY to MM/DD/YY

Grantee Name

Mailing Address Line 1

TYPE OF REQUEST

90% ADVANCE PAYMENT ☐

10% FINAL PAYMENT ☐

Mailing Address Line 2 (Optional)

City, State

Zip Code

PART B - 90% ADVANCE PAYMENT

GRANT AWARD \$_____ X 90% = TOTAL ADVANCE PAYMENT REQUEST \$_____

PART C - 10% FINAL PAYMENT

To qualify for release of the 10% final payment, the grantee must have done **ALL of the following**:

- ☐ Completed the scope of work as provided in Exhibit A of the Grant Standard Agreement
- ☐ Submitted the CAC/NEA Grants Activity Survey (online)
- ☐ Submitted the Final Report

FINAL PAYMENT AMOUNT REQUESTED \$_____

CERTIFICATION

"I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein."

AUTHORIZED OFFICER'S PRINTED NAME AND TITLE

PREPARER'S PRINTED NAME

AUTHORIZED OFFICER'S SIGNATURE (Use Blue Ink)

Contact's Phone Number

Contact's Email Address

FOR CAC ACCOUNTING USE ONLY

FY_____ FUND_____ APPROP REF_____ VOUCHER_____

FY_____ FUND_____ APPROP REF_____ VOUCHER_____

PROGRAM STAFF SIGNATURE

DATE

ACCOUNTING SIGNATURE

DATE